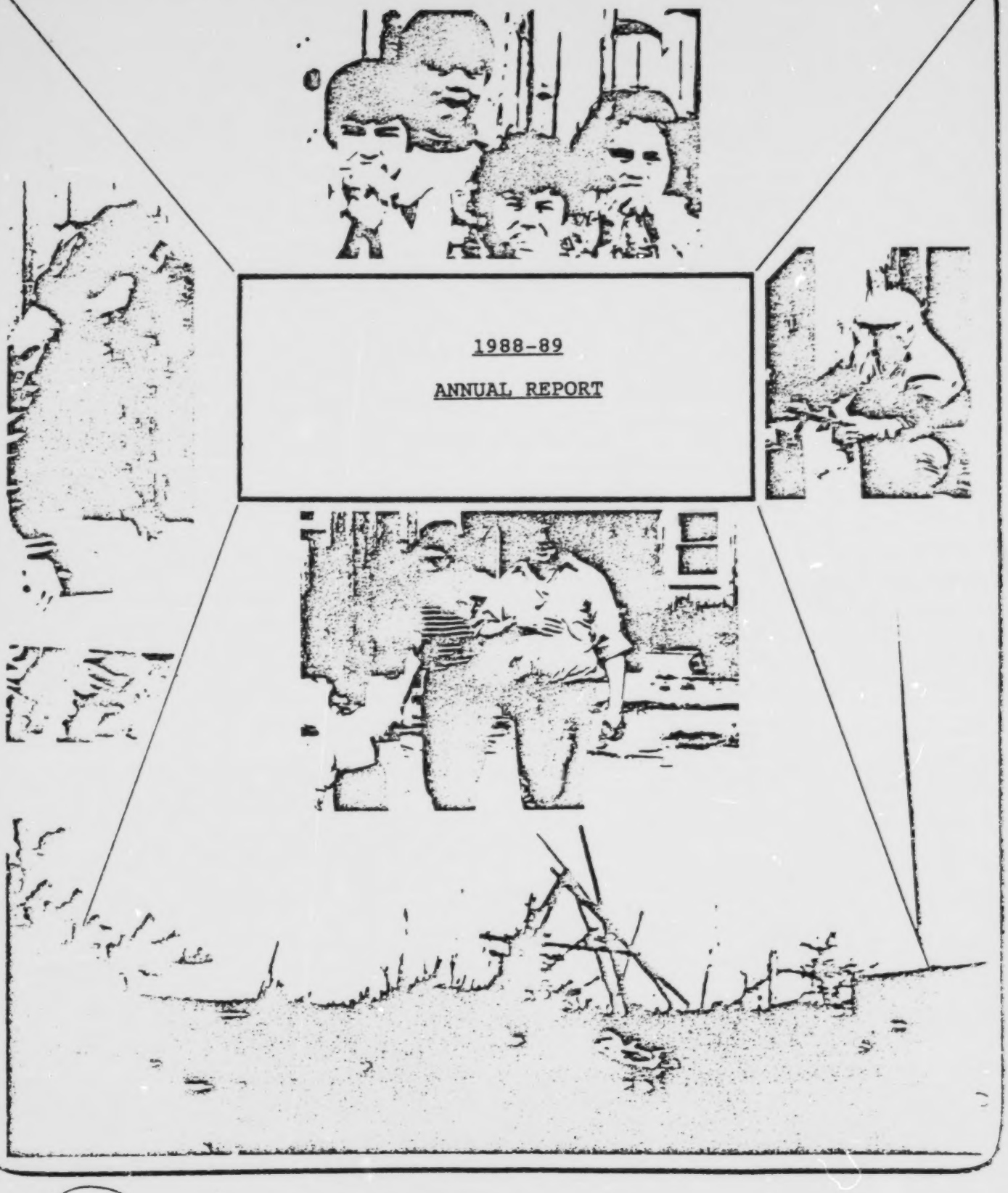

1988-89

ANNUAL REPORT

Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

90-05103/

1988-89

ANNUAL REPORT

OF THE

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

JUNE 1989

Chisasibi, June 28 1989

Mr. Georges Blacksmith
Vice-Chairman of the Board of Directors
of the Cree Board of Health and Social
Services of James Bay
Nemaska (Quebec)

Mr. Vice-Chairman,

I am pleased to send you a copy of the annual report of the Cree Board of Health and Social Services of James Bay.

We also wish to express our gratitude towards the members of the Board who were willing to contribute generously and effectively to the management of the Cree Regional Board.

Finally we hope that in the near future all the energies displayed by concerned individuals or groups will be coordinated in order to improve the health and social services for all the Cree beneficiaries of the James Bay.

Respectfully yours,

Steven Bearskin
General Manager, CBHSSJB

Nemaska, June 28 1989

Honourable Thérèse Lavoie-Roux
Minister
Ministry of Health and Social Services
Edifice Joffre
1075, Chemin Sainte-Foy
15ième étage
Québec (Québec)

Mme. Minister,

On behalf of the Cree Board of Health and Social Services of James Bay, I am honoured to submit to you, in conformity with section 31 of the Act respecting Health and Social Services (R.S.Q., C.S-5), the Annual Report of activities carried out by our establishment for the year ending on March 31st, 1989.

Respectfully yours,

Georges Blacksmith,
Vice-Chairman of the
Board of Directors
Cree Board of Health and
Social Services of
James Bay
Chisasibi (Québec)
J0M 1E0

TABLE OF CONTENTS

	Page
INTRODUCTION	1
Members of the Board of Directors	3
Members of the Administrative Committee	5
Members of the Audit Committee	5
C.B.H.S.S.J.B. General Chart	6
Managerial personnel	7
Cree population July 1987	9
GENERAL MANAGER'S REPORT	10
REGIONAL HOSPITAL CENTRE'S ACTIVITY REPORT	15
Professional Services	16
. Department of General Medicine	16
. Family Medicine Programme	17
. Medical Records	17
. Laboratory	20
. Radiology	22
. Dental services	24
. Pharmacy	25
Department of Nursing	25
SOCIAL SERVICES CENTRE'S ACTIVITY REPORT	27
Professional Services	28
Youth Protection Department	30
Institutional and Non-Institutional Resources Dept.	31
- Weesapou Group Home	32
LOCAL COMMUNITY SERVICE CENTRE'S ACTIVITY REPORT- COASTAL	35
Direction	36
NNADAP - COASTAL	38
Social Coordination	39
Nutrition	41
Health Coordination	42

LOCAL COMMUNITY SERVICE CENTRE'S ACTIVITY REPORT - INLAND 44

Social Coordination 45
NNADAP - INLAND 45
Health Coordination 46
Direction 47

PLANNING, PROGRAMMING, RESEARCH, COMMUNICATION AND GENERAL SECRETARIAT SERVICES' ACTIVITY REPORT 49

Planning Service 50
Programming Service 51
Communication Service 53
Research Service 53
General Secretariat Service 54
Priorities in 1989-1990 55

ADMINISTRATIVE SERVICES' ACTIVITY REPORT 56

Human Resources Department 57
Auxiliary Services 59
Finance Department 61

INTRODUCTION

The James Bay and Northern Quebec Agreement, signed on November 11th, 1975, between the Governments of Canada and Quebec as well as the Grand Council of the Crees (of Quebec), anticipated the creation of a Cree Regional Board which would be responsible for the administration of appropriate health and social services for all people, either permanently or temporarily residing in Region 10-B.

The Order in Council 12-13-1978, dated April 20th, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions respecting health and social services, as defined by the Act, can also maintain public establishments in one or more of the following four (4) categories:

Local Community Service Centre
Hospital Centre
Social Service Centre
Reception Centre

The Cree Board of Health and Social Services of James Bay presently administers six public establishments, as well as six Services outlets situated in each Cree community of Region 10-B:

PUBLIC ESTABLISHMENTS

REGIONAL HOSPITAL CENTRE
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

CREE SOCIAL SERVICE CENTRE
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

WEESAPOU GROUP HOME
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2681

UPAAHCHIKUSH GROUP HOME
951 Moisan
Chibougamau (Quebec)
G8P 1M9
Tel.: (418) 748-4641

COASTAL L.C.S.C.
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

Coastal Service outlets:

Whapmagoostui
Hudson Bay (Quebec)
J0Y 3C0
Tel.: (819) 753-2531

Wemindji
James Bay (Quebec)
J0M 1L0
Tel.: (819) 978-0225

Waskaganish
James Bay (Quebec)
J0M 1R0
Tel.: (819) 895-8833

Eastmain
James Bay (Quebec)
J0M 1W0
Tel.: (819) 977-0241

INLAND L.C.S.C.
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel.: (418) 923-3376

Inland Service outlets:

Waswanipi
James Bay (Quebec)
J0Y 3C0
Tel.: (819) 753-2531

Nemaska, Champion Lake
C/O Camp Nemiskau (Quebec)
J0Y 3B0
Tel.: (819) 673-2511

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE BOARD OF DIRECTORS
FROM APRIL 1ST, 1988 TO MARCH 31ST, 1989

One representative for each of the different Cree communities of the region usually served by the Regional Board, elected for three years from among and by the members of the community which he/she represents:

- Mr. James Neacappo
  Chisasibi representative

- Mrs. Sophie Diamond
  Waskaganish representative

- Mrs. Bella Petawabano
  Mistissini representative

- Mrs. Maggie Minister
  Nemaska representative

- Mrs. Lily Sutherland
  Waswanipi representative

- Mrs. Marjorie Mark
  Wemindji representative and Chairman

- Vacant
  Whapmagoostui representative

- Mr. Roderick Mayappo
  Eastmain representative

One Cree representative elected for three years by the Cree Regional Authority:

- George Blacksmith
  Cree Regional Authority representative and Vice-chairman

Three representatives elected for three years from among and by the persons who are members of the clinical staff of any establishment of the said Region, with a maximum of one representative for each professional corporation:

- Dr. Thomas Shapiro
  Physician

- Mrs. Louise Carrier
  Nurse

- Mr. Abraham Bearskin
  Director of Youth Protection

One representative elected for three years among and by the members of the non-clinical staff of any establishment of the said Region:

- Mr. Jimmy Sam
  Administrative Technician

The Director of Community Health Department of a Hospital Centre, forming part of the Regional Board or with which the Regional Board has a service contract or his nominee or the Director of Professional Services or his nominee. The Cree Regional Authority shall appoint such person if there is more than one such centre:

- Dr. Elizabeth Robinson
  Head of the Module
  Northern Quebec Module

The General Manager of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the General Managers:

- Mr. Steven Bearskin
  General Manager of the C.B.H.S.S.J.B.
  since March 22nd, 1988

There have been five (5) meetings of the Board of Directors during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE ADMINISTRATIVE COMMITTEE
AS OF MARCH 31ST, 1989

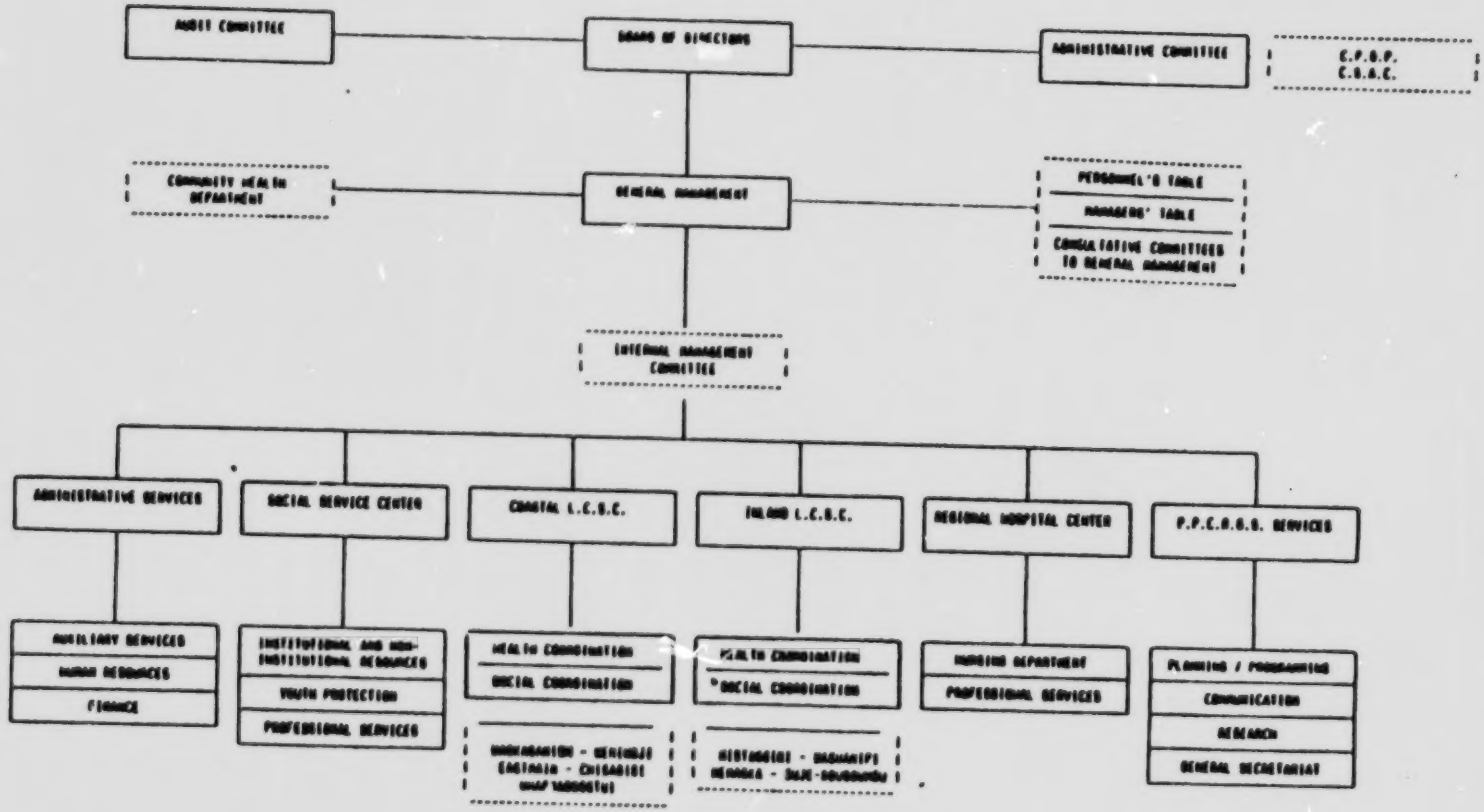
- Mrs. Marjorie Mark (Chairman)
- Mr. Steven Bearskin
- Mr. Abraham Bearskin
- Mr. Roderick Mayappo
- Mrs. Lily Sutherland
- Mr. Jimmy Sam

There have been two (2) meetings of the Administrative Committee during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE AUDIT COMMITTEE
AS OF MARCH 31ST, 1989

- Mrs. Marjorie Mark
- Mr. James Neacappo
- Mr. George Blacksmith

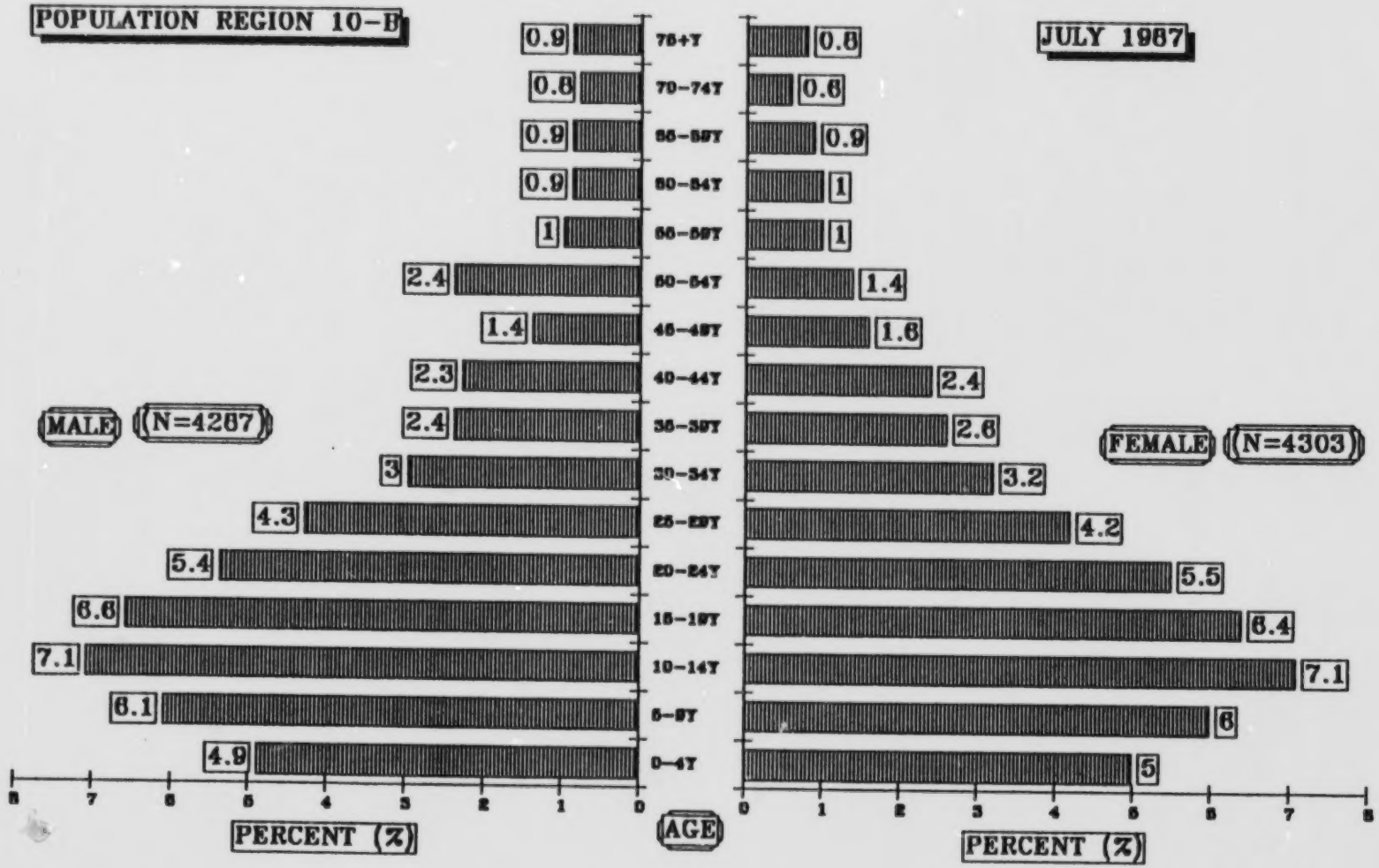
C.S.S.S.S.J.D. GENERAL CHART



CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MANAGERIAL PERSONNEL
AS OF MARCH 31ST, 1989

General Manager	Mr. Steven Bearskin
Asst. General Manager - Administrative Services	Mr. Richard Vézina
Director of Planning, Programming, Communication, Research and General Secretariat Services	Mr. Richard St-Jean
Director of Regional Hospital Centre	Mr. Michel Normand
Director of Social Services Centre	Mr. Fernand Filion
Director of Coastal L.C.S.C.	Mrs. Lucie Caron
Director of Inland L.C.S.C.	Mr. Daniel Beauvais
Director of Professional Services - Health	Dr. Reynald Cloutier
Director of Human Resources	Mr. Nil Morrisseau
Personnel Management Consultant	Vacant
Director of Finance	Mr. Lawrence Potter
Assistant Director of Finance	Mr. Michel Dalton
Head of Purchasing	Mrs. Dolores Audet-Washipabano
Coordinator, Patient's Services - Val d'Or	Mrs. Thérèse Snyder
Director of Youth Protection	Mr. Abraham Bearskin
Director of Institutional and Non-Institutional Resources	Mr. Arnold Devlin
*Group Home Coordinator - Coastal	Mr. Edward Tapiatic
*Group Home Coordinator - Inland	Mrs. Lynn Hanley
**NNADAP Coordinator - Coastal	Mr. Edward Georgekish
**NNADAP Coordinator - Inland	Mrs. Josée Quesnel
Director of Nursing and Hospital Services	Mr. Jean-Richard LeMay
Unit Coordinator	Mrs. Danielle Allaire
Unit Coordinator	Mr. J.J. Lamarche
Health Coordinator - Coastal L.C.S.C.	Mrs. Ghyslaine Boilard
Social Coordinator - Coastal L.C.S.C.	Mrs. Madeleine LaRue
Health Coordinator - Inland L.C.S.C.	Mrs. Monique Laferrière
Social Coordinator - Inland L.C.S.C.	Mr. Michel Raîche
Director of Auxiliary Services	Mr. L. George Pachanos
Director of Maintenance Services	Mr. Roderick Matches
Head of the Kitchen	Mrs. Nellie House

* New positions to be financed
** Positions financed by Federal Funds


POPULATION REGION 10-B
JULY 1987
MALE
N=4287
FEMALE
N=4303
75+Y
70-74Y
65-69Y
60-64Y
55-59Y
50-54Y
45-49Y
40-44Y
35-39Y
30-34Y
25-29Y
20-24Y
15-19Y
10-14Y
5-9Y
0-4Y
0.9
0.8
0.9
0.9
1
2.4
1.4
2.3
2.4
3
4.3
5.4
6.6
7.1
6.1
4.9
0.8
0.6
0.9
1
1
1.4
1.6
2.4
2.6
3.2
4.2
5.5
6.4
7.1
6
5
8 7 6 5 4 3 2 1 0
0 1 2 3 4 5 6 7 8
PERCENT (%)
AGE
PERCENT (%)

Age group		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	TOTAL OF RESIDENTS	TOTAL OF RESIDENTS, OFF RESERVE AND OUT OF TERRITORY BENEFICIARIES
0 - 4	M	146	18	76	53	21	25	45	36	422	469
	F	132	19	80	63	23	21	50	48	436	463
	T	280	37	156	116	44	46	95	84	858	932
5 - 9	M	127	24	66	149	31	25	37	48	527	597
	F	126	13	81	148	28	14	33	35	518	622
	T	253	37	147	297	59	39	110	103	1045	1219
10 - 14	M	168	26	78	176	27	25	67	50	615	700
	F	175	32	72	163	20	27	64	59	612	686
	T	343	58	150	339	47	52	131	109	1227	1386
15 - 19	M	153	19	81	155	17	29	69	49	572	663
	F	147	22	77	154	24	32	52	42	550	639
	T	300	41	158	309	41	61	121	91	1122	1304
20 - 24	M	107	21	70	112	15	30	68	39	462	535
	F	119	19	66	120	19	32	57	42	474	530
	T	226	40	136	232	34	62	125	81	936	1065
25 - 29	M	90	14	63	78	16	23	50	36	370	417
	F	106	14	59	79	22	23	42	21	366	397
	T	196	28	126	157	38	46	92	55	736	814
30 - 34	M	63	9	43	65	17	8	30	22	257	294
	F	85	13	32	69	14	10	30	25	278	331
	T	148	22	75	134	31	18	60	47	535	625
35 - 39	M	60	11	32	47	12	9	17	24	212	240
	F	67	12	29	51	6	14	19	28	226	264
	T	127	23	61	98	18	23	36	52	438	504
40 - 44	M	68	5	25	46	6	10	16	20	197	218
	F	65	7	26	60	6	9	20	17	208	248
	T	133	12	52	106	12	19	36	37	405	466
45 - 49	M	28	7	14	29	3	7	16	14	118	136
	F	42	7	14	27	5	9	19	14	137	158
	T	70	14	28	56	8	16	35	28	255	294
50 - 54	M	36	7	13	35	3	9	17	8	128	137
	F	29	6	16	23	4	6	21	13	118	133
	T	65	13	29	58	7	15	38	21	246	270
55 - 59	M	15	9	13	21	2	5	12	10	87	93
	F	19	4	8	17	3	13	18	6	88	100
	T	34	13	21	38	5	18	30	16	175	193
60 - 64	M	29	6	9	13	3	6	8	10	84	91
	F	24	4	10	25	2	5	8	10	88	96
	T	53	10	19	38	5	11	16	20	172	187
65 - 69	M	23	7	15	15	1	5	8	9	83	86
	F	29	4	11	15	5	1	7	11	83	87
	T	52	11	26	30	6	6	15	20	166	173
70 - 74	M	19	3	4	21	4	6	5	9	71	76
	F	17	5	3	15	1	0	6	3	50	53
	T	36	8	7	36	5	6	11	12	121	129
75 et +	M	27	2	13	17	3	2	8	10	82	87
	F	21	3	12	17	2	6	8	2	71	79
	T	48	5	25	34	5	8	16	12	153	166
Total	M	1161	186	629	1030	181	226	493	392	4287	4861
	F	1203	186	594	1044	184	222	474	396	4303	4886
	T	2364	370	1214	2074	365	448	967	788	8590	9737

GENERAL MANAGER'S REPORT

GENERAL MANAGER'S REPORT

On reading the Annual Activity Report of the Cree Board of Health and Social Services of James Bay for the period ending March 31st, 1989, it should be noted that 1988-1989 is the last year of implementation of the the triennial programming and the on-going administrative reorganization of all services throughout Region 10-B. A great deal of time and effort was invested by our various centres and departments in our attempts to achieve the objectives within our triennial programming, this in addition to the day-to-day activities of our organization.

Our main goal, with respect to the above, is to enable the organization to improve the management of services as well as the delivery, quantity and quality of these services to the population of Region 10-B. The decentralization of the management of services is to lay the foundation for the eventual takeover, by the local population, of these services.

After three years, the state of situation on this matter is the following. First, our ojectives are not completely fulfilled because we lack the necessary financial and human resources. Second, high turnover of our personnel in some departments restricts completion of important files for the Board. Finally, late answers regarding capital and operational funds from the Ministry or for new development explain many difficulties that we have to face on a daily basis.

We shall continue to make representations before the Government of Quebec, not only with the submission of our annual development budgets but also with direct contact with the appropriate government departments or agencies.

In addition to our day-to-day activities I would like to highlight some majors events or activities that were carried out or occur within our territory during the course of this past year.

RESTRUCTURING OF THE CBHSSJB

1988/89 was the final year concerning the restructuring of the CBHSSJB. We may say that our objectives were finalized with the completion of services or programmes where financial and human resources have been funded by the Ministry. Nevertheless, consolidating our organization in 88/89 will be viewed as an important year for evaluation of the state of situation on this matter. After two years, our new organigram approved by the Board of Directors is still not officially supported by the MSSQ. We have to finalize this file and therefore receive the appropriate budget for it.

Furthermore, the new orientations formulated by the MSSQ will change partially the mandate of the Board. New roles and some programmes will be transfered from the Ministry to the Board meaning for us more responsibilities and control over day-to-day activities.

MERCURY COMMITTEE

The Mercury Committee was established pursuant to the signing of the La Grande Phase II Agreement of November 1986. The representative for the Cree Board of Health and Social Services of James Bay on the Committee is Dr. Charles Dumont (Community Health Department-MGH).

The CBHSSBJ is responsible for the implementation and administration of the health segment of the Agreement and manages a budget of 4.1 million over a ten year period. We are presently in year three and planned activities are going smothly. A special conference regarding mercury contamination was held on August 23rd and 24th, 1988 at Val d'Or, Quebec.

PERSONNEL

We are still facing a high turnover regarding the CBH's personnel. Nursing personnel in the outposts is a big part of it and also some senior and middle managers resigned last year. Better working conditions for the nurses should improve the situation in the coming years. Also, a new bargaining unit was granted for nurses working for the Cree Board of Health and Social Services of James Bay.

Our medical manpower plan is now completed and approved by the MSSQ. Twelve doctors and a full-time Director of Professional Services give medical services in our region. This will permit us to have a better allocation of medical resources for the communities.

In spite of the constraints and actual limits regarding day-to-day activities, our personnel provided the best services for our communities and maintained good motivation and spirit in the performance of their duties.

PHYSICAL RESOURCES

Lodging for our non-resident personnel and office space are still a major concern for us. With increased medical personnel, more families coming up north and new support personnel, we are facing a lack of space which may jeopardize services to our population. We may be in a position of stopping the recruitment of non-resident personnel (ex.: doctors/dentists) because we have no place to lodge the families or space office for adequate services.

We are still waiting for an answer from the MSSQ regarding the new clinic for the community of Whapmagoostui. The functional plan was sent one year ago with the approval of the Band Council and CBHSSBJ. We hope this year will be a positive one on that file.

For the Oujé-Bougoumou Community, we are in a phase of consultation on a proposed functional plan regarding health and social services to be provided in the future. With the approval of the community, this project will be sent to MSSQ for funding required for these services, along with the needed facilities for the personnel.

LINKS WITH CREE AUTHORITIES

In the continuous process of the implementation of the James Bay and Northern Quebec Agreement, direct contact is maintained with the CRA and the Grand Council of the Crees (of Quebec). As one of the major Cree entities the CBHSSBJ provides continuous information to the Regional Authorities on our major files and our situation.

TRAINING

Training for our personnel, especially Cree personnel, is still a major objective for the CBHSSBJ. On that matter, we made many contacts and consultations with the MSSQ. The state of situation regarding training is one of continuous work with the Cree School Board and other agencies on career awareness in health and social services fields.

A group of 12 Cree students are presently taking a Nursing program at John Abbott CEGEP in Montreal. We sincerely hope they will continue to have motivation and patience for the duration of their course, so the CBHSSJB will finally have more Cree nurses for our health services. Also, CBHSSJB is still working on training file for the community workers. We hope for next year there will be community workers attending course in Social Work with the required financing from the MSSQ to do so.

BUDGET

For year 88-89, CBHSSJB expenses are higher than revenues. We are still lacking adequate budgets for services to be provided to our beneficiaries. The health sector is the most problematic one. Despite better budgets and services control, operational funds related to health sector are not adequate. With a higher number of doctors, other costs related to their activities were not fully funded. Also, we are still waiting for the payment of some projects (laboratory, communication, etc.) creating a higher deficit. Finally, a high turnover rate of nursing personnel (recruitment, private agencies, etc.) is also part of the reason for this deficit.

CONCLUSION

The above are some of the major files that have been dealt with and some of which are on-going.

As one continues to read this report, you will realize that there has been a great deal of activity throughout our region, and each department has specific objectives to attain. However despite many problems along the way we have always moved forward in a positive direction. We are very confident that the next year will see adequate improvement and this will be to the benefit of the people of Region 10-B.

Steven Bearskin

General Manager

REGIONAL HOSPITAL CENTRE

As you will see in this activity report the Chisasibi regional hospital centre experienced many changes during the last year.

Main events

- The Director of the hospital resigned.
- The pharmacist resigned.
- The Director of Professional Services resigned.
- Arrival of replacements.

Director of the hospital

- Hiring of a Director of Professional Services.
- The mission of the hospital will be further defined in the coming year. This is an important undertaking which will determine all future developments.
    - Acute care.
    - Prolonged care.
    - Day hospital.

We will thus specify our activities in each of these sectors.

DEPARTMENT OF GENERAL MEDICINE

This past year saw a significant reduction of activity due to the departure of staff. As a result, much of the energy of the remaining members was channelled into the maintenance of the status quo. With the help of the D.S.P., we maintained a steady flow of replacement physicians, and were able to continue full services at the hospital. The coastal villages, in many cases, were forced to endure prolonged periods without medical visits, but no significant difficulties arose from this.

The long-awaited expansion of the external clinic was not realized, putting further limitations on planned advances to our out-patient services. The medical side saw enlargement of the Pediatrics ward, as well as the addition of acute care beds.

FAMILY MEDICINE PROGRAM

As a program, we are reaching some form of maturity. It is, of course, the change of staff that keeps the program young.

Both students and residents again visited our region, keeping the program functional 10 months of the 12.

A visit from the McGill liaison officer found our site to be a suitable, pleasant experience for their learners. Furthermore, two of our staff members attended teaching conferences at McGill, raising the level of teaching, one of these teachers has now taken over the program.

The program continues to thrive, and McGill has informed us that there will be an increase in the proportion of residents. We hope that this will be a boon to recruitment, as it is these residents who have job-seeking on their minds.

MEDICAL ARCHIVES

1988-1989 was the year of the standardization of medical files. On March 31st 1989 only one third (3 000) of the 11 000 files had been reviewed.

Two research projects were performed during the year; one respecting mental health and the other was actually a epidemiologic survey of children who benefited from the MCH program.

Following are statistics on hospital movements throughout the two last financial years (1987-1988 and 1988-1989).

	1988-89	1987-88
ADMISSIONS		
Medicine	220	221
Obstetrics	71	72
Pediatrics	106	120
Total	397	413
Newborns	64	53
OBSERVATION	163	99
TRANSFERS FROM ACUTE CARE TO PROLONGED CARE		
Medicine	2	7
Pediatrics	0	0

TOTAL INPATIENT SERVICE DAYS	1988-89	1987-88
Acute care		
Medicine	1688	1883
Obstetrics	259	219
Pediatrics	419	541
Total	2366	2643
Newborns	209	159
Prolonged care		
Medicine	3426	2858
Pediatrics	365	366
Total	3791	3224

AVERAGE DAILY CENSUS		
Acute care		
Medicine	4.6	5.1
Obstetrics	.7	.6
Pediatrics	1.1	1.5
Total	6.4	7.2
Newborns	.6	.4
Prolonged care		
Medicine	9.4	7.8
Pediatrics	1.0	1.0
Total	10.4	8.8

NUMBER OF DELIVERIES		
	59 + 2 in remote clinics	53

DISCHARGES		
Acute care		
Medicine	219	209
Obstetrics	71	72
Pediatrics	105	120
Total	395	401
Newborns	63	53
Prolonged care		
Medicine	5	2
Pediatrics	0	0
Total	5	2

HOSPITALIZATION DAYS

Acute care			
Medicine	2106		1738
Obstetrics	257		214
Pediatrics	417		581
Total	2780		2533
Newborns	206		160
Prolonged care			
Medicine	1310		86
Pediatrics	0		0
Total	1310		86

AVERAGE STAY

Acute care			
Medicine	9.6		8.3
Obstetrics	3.6		2.9
Pediatrics	3.9		4.8
Total	7.0		6.3
Newborns	3.3		3.0
Prolonged care			
Medicine	262.0	**	43.0
Pediatrics	.0		.0
Total	262.0		43.0

** We get this figure by dividing the number of hospitalization days by the number of discharges (1310 ÷ 5).

NUMBER OF TRANSFERS TO OTHER HOSPITAL CENTRES

Medicine	16	18
Obstetrics	1	10
Pediatrics	4	7
Total	21	35
Newborns	0	1

DEATHS

Acute care		
Medicine	10	6
Obstetrics	0	0
Pediatrics	1	1
Total	11	7
Newborns	0	0

Prolonged care		
Medicine	3	0
Pediatrics	0	0
Total	3	0
Outpatient Clinic	16808	17826

LABORATORY

The extension of the laboratory was finished in 1988-1989 so we had room to install new devices. The following are new tests we are now able to perform at our laboratory:

- Chlamydiazyme (chlamydia screening) with a Quantum machine lent by the Abbott company.
- Rubascan (screening of rubella antibodies).
- Gonorrhea screening culture done at the clinics (GO slides).
- Identification of enterobacteriaceae by a new technique (microscan) which also allows us to perform antibiograms with an increased quantity of antibiotics. The technique is more standardized for a better reliance of results.

The purchase of a new Coulter Counter haematology machine is also planned.

Here are some statistics respecting the number of tests and units.

Year	Number of tests	Number of units
1987-1988	69 400	290 000
1988-1989	67 811	262 989

The reduction in the number of units might be a result of the lower number of permanent physicians who are otherwise more experienced and thus less inclined to use the laboratory to formulate their diagnosis.

Breakdown of the tests and units performed
at the Chisasibi Laboratory according to each sector,
for 1987-1988 and 1988-1989.

SECTOR	1987-88		1988-89	
	TESTS	UNITS	TESTS	UNITS
Haematology	6,560	43,460	6,601	40,792
Biochemistry	20,038	98,959	20,019	84,642
Bacteriology	29,553	78,043	27,625	69,689
Serology	2,464	10,369	2,153	8,541
Urine	2,408	12,508	1,949	10,070
Blood bank	568	3,704	825	7,114
Handling	7,804	43,078	8,639	42,141
TOTAL	69,395	290,121	67,811	262,989

RADIOLOGY AND ELECTROCARDIOGRAM

The department experienced changes among its staff in 1988-1989. The rotation of personnel is due to resignation and maternity leave.

Opening hours were also changed to one week from 8h to 18h30, and the other from 8h to 18h. When there is only one technician in Chisasibi the office is open from 9h to 17h. A technician is always available on nights and weekends.

Besides regular work:

- New fitting-out of the office.
- Updating of the files of patients deceased by 1/27/89.
- Study on the need of a portable machine.
- Study on the need of an echographic machine.

Material

- Purchase of a new electrocardiograph, the Sicard 440 four-channel model from Siemens Electric Limited, complete with interpretation and cart.
- On November 15th 1988, a new desk, chairs, filing cabinet, electric fixtures and telephone were installed and walls were painted.
- An electronic typewriter was purchased on 14/1/89.
- An ventilation system was installed in the black room.
- Purchase of curv-X cassettes for better images.

We are about to have a room shortage for the storage of master envelopes.

The X-ray machine is getting old and should be replaced shortly. A portable machine would be very useful.

Generally speaking, the department is running well with a small volume and is absolutely necessary in a regional hospital.

Here are some relevant statistics.

		1987-88	1988-89
I.	NUMBER OF PATIENTS		
	Hospitalized patients	137	162
	Outpatients	1,131	1,015
	Referred patients	313	230
	Total:	1,581	1,407
II.	NUMBER OF EXAMINATIONS		
	Hospitalized patients	206	209
	Outpatients	1,347	1,253
	Referred patients	452	292
	Total:	2,059	1,754
III.	NUMBER OF UNITS		
	Hospitalized patients	749	978
	Outpatients	7,496	8,913
	Referred patients	3,329	2.099
	Total:	11,574	11,990
IV.	NUMBER OF FILMS		
	Hospitalized patients	266	220
	Outpatients	2,462	2,275
	Referred patients	923	531
	Total:	3,651	3,026
V.	MOST ACTIVE PERIOD:	From Feb. 26th to March 31st 1989	
VI.	LESS ACTIVE PERIODS:	From May 24th to June 21th 1988 From December 4th to 31th 1988	

DENTAL SERVICES

Dentistry

- Nomination of a new Chief of Dentistry.
- Reorganization of the dentistry department..
- Purchase of a new equipment in Whapmagoostui.
- Consolidating of the prevention programme.
- Meeting with the Ministry in order to evaluate the dental care situation and to recommend to the Ministerial Committee the hiring of a new dentist.

Dental hygiene

This year most of the time was spent on the school dental health programme, the evaluation of the fluoride pills programme, the visits to communities and the activities for dental health month.

A new dental health programme has been devised in order to ensure a better learning progression and implementation of the programme at school. Thirty-six new activities for pupils from kindergarten to grade six were prepared. "Toothbrushing", "fluoride pills" and "dental screening" activities were integrated to the new programme.

The programme was implemented by Community Health Representatives in seven of the eight villages (Waskaganish has no one to take over the programme).

While I was visiting the schools I performed screening examinations in pre-kindergarten, first, third and fifth grade classes. I thus examined 865 out of 978 children, among which 634 were referred to the dentist. That means 73% of children needed to be treated.

In the spring I made follow-ups and sent 269 letters to the parents of those who still did not show up at the dentist's office. So 42,5% of referred children were not yet treated.

In 1987-1988 the fluoride pills activity was evaluated for the first time. Results show teachers' 55,5% participation in the evaluation and 57,8% actual global participation in the programme. The evaluation report is now available.

This year evaluation covers the toothbrushing activity for the first time and the fluoride pills activity for a second consecutive year. Because we modified the sheets and teachers are more open, evaluation reports for toothbrushing and fluoride pills activities will be available in July.

During the dental health month, three activities were organized in all eight villages: a quiz at the community radio, an information stand, and meetings with students of secondary IV, V and adult education levels respecting dental health professions.

Priorities for 1989-1990 are:

- To prepare a course on dental hygiene intended for expectant women.
- To ensure the continuity, follow-up and evaluation of the dental health programme.

PHARMACY

This was a specially difficult year for the Pharmacy.

Since the last permanent pharmacist's departure in August 1988, the running of the department has been ensured by temporary replacements except for a three-month period from December to February.

We presently do anything possible to hire a new permanent pharmacist and thus bring more stability to this department.

In cooperation with the Planning and Programming department, we will undertake a study on the consumption of medicines and the functioning of the Pharmacy. This study is believed to help us reorganize and improve the management of the Pharmacy.

NURSING

1988-1989 was a busy year. Changes in the administrative team were finalized with the nomination of two new assistant head nurses and the hiring of two new nursing coordinators.

Hospital services ran smoothly. Sanigesco, a consultant company, sent us their final report enabling us to better manage human and material resources at the building maintenance level.

Pediatrics was moved to spacious premises thus providing our clientele with better comfort.

Over 53 participants attended the seven training courses we organized (Obstetrics, Newborn resuscitation, Adult physical examination, Organizational process, Particip-active management, Inhalotherapy, Mercury programme).

Highlights

- 25 nurses were familiarized with the hospital centre functioning.
- Two nursing coordinators were hired.
- Two nursing assistants are on training.
- Four nurses left the hospital for the LCSC.
- One nurse is on a long-term sick leave.
- One nurse is on a leave without pay.
- One Cree nurse is on special training.
- 16 nurses resigned.
- No changes among beneficiary attendants.
- Almost 1 000 hours of orientation were provided.
- Over 100 hours of training.
- All kinds of leaves totalled 1 500 hours.
- Leaves without replacement totalled 525 hours.
- Medivac totalled 200 hours.

SOCIAL SERVICES CENTRE'S ACTIVITY REPORT

CREE SOCIAL SERVICES CENTRE ANNUAL REPORT

A word from the Director of the Cree Social Services Centre

This last year 1988-89, the Cree Social Services Centre was for the first time true to its vocation which is to deliver specialized (2nd line) and residential (3rd line) services to the Cree population of Region 10B.

The creation of the two (2) C.L.S.C. (Coastal and Inland) last year meant that all general (1st line) social services and prevention programs such as NNADAP would be handled by the C.L.S.C. community workers. Thus leaving the social service workers of the Cree Social Services Centre free to devote more time and energy to specialized social services.

Hence this last year, we feel that Cree children benefited from better protection services through a more stringent application of the Youth Protection Act. This also applied to the young offenders. This past year more cases were prosecuted under the Young Offenders Act.

Our resources sector has also known considerable development. Our two (2) group homes, Weesapou in Chisasibi and Upaachikush in Chibougamau, received for the first time sufficient budget to function efficiently.

The same type of development occurred in our non-institutional resources. We now have sufficient budget to operate all categories of foster homes for children, adults and elders.

The three (3) directions of the Cree Social Services Centre: Professional Services, Youth Protection and Resources, have as a general rule met most of the objectives spelled forth in our Triennial Programing which is ending this year.

The resource direction even went beyond its triennial programing and organized a summer daycare program for handicapped children as a pilot project. This latter project was so successful that the Cree School Board, in collaboration with us decided to pursue this program on a regular basis.

Generally speaking, I feel that 1988-89 has been a good year for the Cree Social Services Centre. We increased the quantity and improved the quality of specialized (2nd line) services, and again considerably developed residential (3rd line) services.

In the coming year we will try to improve furthermore the quality of our professional services and we will make every effort possible to provide comprehensive services and programs to mentally ill clients. Naturally we will continue the nativization of our services.

Professional Services Direction

Although this position exists in our organizational structure, we still have been unable to fill it due to budgetary restrictions. Nevertheless, this position just like the previous year has been filled on an interim basis by the Director of the Cree Social Services Centre.

The Director of Professional Services was responsible for the overall quality of social services offered to the population. Also, the Director of Professional Services assumed the responsibility of providing in-house training programs to the social service workers, and in collaboration with the staff development of Shawbridge Youth Centres, to provide training and up-grading programs to all of our resource workers.

Finally, the Direction of Professional Services, with the collaboration of the Resources Direction and with outside resources, namely the Shawbridge Youth Centres is still involved in trying to develop a theoretical model of Cree psycho-social intervention to further enhance our nativization objective.

Global Statistics 1988-89

	Children	Adults	Total
Active Files on April 1, 1988	573	256	829
Openings/year	603	---*	603
Closures/year	319	---*	319
As of March 31, 1989			
Beneficiaries registered on April 1, 1988			
New Beneficiaries	284	---*	284
Total number beneficiaries/year	1022	---*	1022

* Adults files are now handled by the social services of L.C.S.C.

Youth Protection Direction

This direction offers two (2) types of services. The first one is a social protection service offered to youth whose security and development is compromised through abuse or neglect. The other one is for young offenders, that is young people under 18 years of age who committed an offense or infraction against the law or a federal regulation or against provincial and municipal laws, regulations and by-laws.

The majority of these latter cases are referred to us by the Crown Prosecutor after the police has accumulated sufficient evidence to charge a youth under the Young Offenders Act.

The lengthy absence of the Director of Youth Protection for health reasons has slowed down the development of the service. However, the Director of Youth Protection position was assumed by the Director of the Cree Social Services Centre and protection services as such were always available.

Youth Protection Statistics

Number of Clients by Community

	1988-89		1987-88	
	Y.P.A.*	Y.O.A.*	Y.P.A.	Y.O.A.
Chisasibi	69	54	101	36
Whapmagoostui	15	7	16	20
Wemindji	48	37	42	15
Eastmain	20	6	10	13
Waskaganish	47	48	45	52
Nemaska	83	27	28	11
Waswanipi	162	166	83	52
Mistissini	39	84	94	32
TOTAL	**483**	**439**	**418**	**231**

* Y.P.A.: Youth Protection Act
Y.O.A.: Young Offender Act

N.B.: Adoption files are included in Youth Protection cases

Institutional and Non-Institutional Resources Direction

This is the direction that has known the most development in the past year.

Our two (2) group homes now have sufficient budget to offer quality rehabilitation services to problem youth who undergo residential treatment.

Furthermore this direction has been able to obtain the confirmation that the Ministry of Health and Social Services will finance the construction of the new dwelling of the Upaachikush Group Home. This group home was temporarily established in Chibougamau since most of its young inland Cree clients were going to school in Chibougamau. With the complete high school program now being offered in Mistissini, Upaachikush Group Home will relocate itself to that community during the coming year.

An important file regarding our non-institutional services was the categorization of our foster families. We finished categorizing our three (3) types of foster families: for children, for adults and for elders. Each type of foster family now has three (3) categories: Regular, Special and Rehabilitation.

Also we were very successful in increasing our non-institutional resources budget, in fact we more than tripled the budget from what it was last year.

The Resource Direction was also the main contributor to our pilot project for handicapped children in Chisasibi. What initially started out as a temporary summer day program became a permanent school program when the Cree School Board, the Chisasibi Band Council, the Association of Parents of Children with Special Needs and ourself, the Resource Direction of the Cree Social Services Centre, all contributed in providing educational and rehabilitation services to this clientele that had previously been so neglected.

WEESAPOU GROUP HOME

Group Home Services:

The Weesapou Group Home provides group care services to Cree youth from the five (5) James Bay coastal communities of Waskaganish, Eastmain, Wemindji, Chisasibi and Whapmagoostui.

The group home has a staff of eight (8) native workers comprising of:

one (1) co-ordinator
one (1) childcare worker
two (2) couples, regular house parents
one (1) couple, relief house parents

Record of Principal Activities - Statistical Summary 1988-89

Total number of youth in placement		28
Teenage Boys		20
Teenage Girls		6
Young Offenders Act -Open Custody Placements		10
Youth Protection Act Placements		16
Article 38 - Court Order	12	
Article 54 - Voluntary Measures	4	
Article 46 - Urgent Measures	0	
Total "jour de présence"		2187
Home Visits by group home clients		346
Back-up Reception Centre		55
Hospitalization		1
Running away		17
Discharged Clients		20
Average number of clients per day		6
Weesapou Group Home operating permit is for:		7

Program 1988-89

The **Traditional Activities Program** of the Weesapou Group Home is vital part in the educational and counselling process. The cultural training in the Cree way of life takes place during these activities. The program is important because the youths get to understand the difference between the non-native and Cree way and this in itself is a treatment process for the Cree youth.

The group home tries to follow the yearly cycle of the Crees' traditional activites and it is as follows:

a) Spring goose break - three (3) camps

Seal River - April 28 to May 22, 1988	25 days
South Camp - April 28 to May 24, 1988	27 days
Inland Camp - April 28 to May 15, 1988	18 days

Note: Seal River and South Camps stayed longer due to helicopter availability.

b) Trip to Long Island/Seal River
August 2 - 8, 1989 — 6 days

c) Fall goose break - Loon Islands
September 17 - 25, 1988 — 9 days

d) Preparation of Winter Camp
November 5 and 6, 1988 — 2 days

e) Mini Caribou Hunt
December 2 - 4, 1988 — 2 days

f) Ice fishing trip to Seal River
April 14 to 18, 1988 — 4 days

Total overnights in pursuit of traditional activities including weekends	62 days
Weekend trips from the village, hunting small game and fishing	15 days
Total days traditional activities	77 days

<u>Miscellaneous</u>

1. Orientation of childcare workers in Chibougamau
May 16 - 20, 1988

2. Security and Safety Workshop in Chibougamau for Co-ordinator, Childcare worker, one houseparent couple
June 20 - 24, 1988

3. Group Home clients Christmas Holidays
December 16, 1988 to January 4, 1989

4. Hiring of Tutor - Josée Norbert
April 3, 1989

5. Training Session with Joan MacLean and Estelle Turner for group home staff and Social Service Workers
March 13 - 17, 1989

6. Conference attended on Youth in Thompson, Manitoba for co-ordinator
March 29-31, 1989

Plans (1989-90)

1. Cultural exchange with Shawbride Youth Centres in July 1989.

2. One houseparent couple to be on a leave of absence from June to October

3. Present relief houseparents to replace above mentioned houseparents.

4. Hiring of relief houseparent couple

LOCAL COMMUNITY SERVICE CENTRE'S ACTIVITY REPORT - COASTAL

DIRECTION

During a part of the financial year 1988-1989, the general management of the Coastal LCSC was assumed by an interim director since the incumbent was on a prolonged maternity leave.

This disruption added to the wide range of files to supervise and to the great amount of time spent on auxiliary services prevented us to realize the objectives set at the beginning of the year.

Our objectives for the next year therefore read as follows:

1) To improve the housing conditions of non-resident personnel.

2) To evaluate material and human needs related to auxiliary services in the four (4) coastal communities.

3) To finalize a document stating LCSC's policies and procedures.

4) To formalize a system to control the delivery of purchases and the repair of material.

5) To facilitate the integration of a new phone system installed in the four (4) coastal communities.

6) To take inventory of the available material and replace obsolete equipment in the four (4) coastal communities.

7) To improve the training of native employees working as general helpers in a northern establishment.

BIRTHS *	85 - 86	86 - 87	87 - 88	88 - 89
CHISASIBI	16	71	78	79
WHAPMAGOOSTUI	11	8	15	18
WEMINDJI	20	20	19	26
EASTMAIN	5	11	4	16
WASKAGANISH	27	40	47	37
TOTAL	79	150	163	176

DEATHS **	85 - 86	86 - 87	87 - 88	88 - 89
CHISASIBI	12	18	7	9
WHAPMAGOOSTUI	1	3	1	2
WEMINDJI	4	6	8	3
EASTMAIN	4	1	3	3
WASKAGANISH	3	1	6	1
TOTAL	24	29	25	18

* REGISTER OF BIRTHS

** REGISTER OF DEATHS

NNADAP

In 1988, NNADAP was put under the direction of the LCSC which is considered a first line service. One year has gone by: NNADAP has managed to live up to it's expectation with this new organization well adapted to its norms and standards.

Nevertheless, throughout the year NNADAP has met most of its objectives in respect to the 1988 - 89 NNADAP contribution agreement. We also had managed to answer specific expectations that were put forward by most Band Councils.

It was within our mandate to implement projects and events in collaboration with resource groups, entities and organizations in order to build a stronger program that answers people's needs within their respective communities because we believe they know what's needed at the community level in terms of alcohol, drug and solvent abuse.

For example, during the awareness week on November 13 - 19, 1988 the first local alcohol and drug abuse conference was held in Chisasibi, and a follow-up has been done of the recommendations that were put in place. Also, in the second annual conference on Alcohol and Drug abuse was hosted by the Wemindji Band Council, NNADAP also took part in the process.

However, over the past few years NNADAP was not recognized; for most people had the impression the Alcohol and Drug Abuse prevention workers were placed in the communities to tackle directly the menace of Alcchol and Drug Abuse; but we have managed to change this perspective. On the other hand prevention means seeking alternatives by working with youth in development organization and community organization, so they can be self sufficient in the long run, youth of today need allies to depend on as well as NNADAP workers to meet their goals. For example, Waskaganish where the Band Council assisted the NNADAP worker to obtain funds for the youth organization which received $24,000.00 to establish a drop-in centre. Now this is reality and a given opportunity for the youth.

In most communities NNADAP workers gave an effort to visit the schools to do presentations on the effects and consequences of alcohol, drugs and solvents abuse at the elementary and secondary levels, by showing video tapes and using documented material. This will be on-going until a curriculum is developed with the Cree School Board on alcohol, drug and solvent abuse.

In the administrative aspect of NNADAP we have drafted new forms to accelerate the process of funding request to promote activities where money is required, this has improved the competence of all NNADAP workers in Region 10-B.

Furthermore, in reference to objective no. 3 of 1988 - 89 NNADAP contribution agreement, we are to define a training program that will allow the NNADAP prevention workers to specialize in the field of alcohol and drug addiction. With the assistance of Henri Tremblay, the program officer in Ottawa, we met several interested organizations and firms that would submit a proposal to NNADAP according to its need. This issue is still in progress.

In other communities that have no recreational facilities for youth, NNADAP will take a stand by working closely with entities and organizations.

In closing, I just want to emphasize that NNADAP helps individuals that want to help themselves. The decision is yours.

SOCIAL COORDINATION

The year 1988-1989 was characterized by the consolidation of the role of ordinary first line social services. Although LCSC community workers receive, evaluate and direct all kinds of requests, they essentially take in charge the following three categories of services:

1) Services provided to children, youth and families experiencing difficulties.

2) Services related to drug and alcohol abuse.

3) Home support services provided to families, adults and elders losing their autonomy.

Here are the social coordination's main achievements during the last year in order to help community workers to undertake these tasks more efficiently:

- A cardex on orientation, policies, procedures and elements of social evaluation: this tool allows a better use of supervision time since community workers can now proceed by themselves to the first evaluation steps.

- A new "Progress Notes" form replaces the previous inadequate "Intervention Sheets".

- Implementation of new statistical forms used by community workers to better describe activities and clientele.

- A proposal for a subsidized programme aiming at reducing family violence in region 10-B has been accepted by the Department of Indian Affairs. Consultations in order to finalize the proposal will be undertaken from May to September 1989.

- Supervision has been concentrated on functions: intake, assessment, referral or caseload.

- A five-day training session on home support services for LCSC community workers and home care workers was held in Chisasibi from August 8th to 15th, 1988. According to the educational material distributed and the follow-up done by the Coordinator, it seems that this programme is now running well, that cases are better evaluated and that employees have a better self-esteem and really feel they are part of the social service team.

- Community workers increased their participation in the committees, special projects and preventive actions orientated towards community development (ex.: support to youth, women and health committees, programme for the support of elder's autonomy, etc). A lot of professional support must be provided so that community workers be encouraged to be more visible.

- The Social Coordinator did three visits in each community (but only one in Eastmain) in order to meet Band Councils, the personnel, and to evaluate the keeping of files.

- Although the data collecting system is not yet computerized, some relevant tools are already available. But we did not have enough resources to compile the statistics received in Chisasibi as regards the number of interventions per client and per problem.

- The Social Coordinator had to take over the direction of the LCSC for the last six weeks of the year to the detriment of the follow-up and supervision of the five communities.

Our priority remains the same: the training of personnel. The Coastal LCSC will therefore try to allot more human and financial resources to the professional support of our employees who are, of course, the key element in the quality of the social services provided to the population.

DIETICIAN

The dietician serves the eight communities through the two LCSCs by giving top priority to community health and by acting as a consultant and resource person in other fields (diet therapy and food services) and for other health professionals and organizations throughout the James Bay territory.

COMMUNITY HEALTH

1. Nutrition Education Programme (adapted to native population)

Continuation of the programme in all schools of the territory except Waskaganish, for grades 1 to 7.

Objectives: Allow students to acquire basic knowledge in nutrition and therefore improve their eating habits.

Related activities:
- C.H.R.: 1-day training
- Principals and teachers: briefing in the beginning of school year
- Evaluation and improvement of programme.

2. Nutrition Month

1989 theme: "Healthy Eating for a Healthy Weight"

Activities organized: (for adults and young adults)

- broadcast of a video and radio message in 6 communities
- nutrition bingo in 5 communities
- "Information Day" on individual healthy weights, eating habits, weight loss, etc in all communities.
- one week of healthy menus at the hospital cafeteria.
- Indian legend written on nutrition and health.

DIET THERAPY

1. Diabetes: Development of a procedure and a teaching kit the CHRs will use to teach an individualized diabetic diet to diabetics of all communities.

2. Consultations: 35 patients of all communities were seen for diet counselling.

FOOD SERVICES

Revision of the 4 week cycle menu elaborated by the dietician for the cafeteria to be implemented during the summer.

PRIORITIES FOR 1989 - 90:

- Diabetic diet education
- Obesity Programme
- Development of a diet manual and teaching aids.

HEALTH COORDINATOR

After 1 1/2 year in this position and with the help of other co-workers we did several projects notably the standardization of clinics, the improvement of care and a better integration of non-resident personnel.

Here are some of our achievements for 1988-1989:

1. With the Archivist's participation, implementation of a new system for the keeping of beneficiaries' files which have also been standardized.

2. With the laboratory technicians' participation, standardization of the techniques used.

3. Implementation of standard index cards for the follow-up of expectant women, cases of tuberculosis and chronic patients.

4. Implementation of two cardex: one on community health programmes, one on the organization and general functioning of establishments.

5. Two annual meetings with the nurses in charge facilitated the integration of these projects.

6. Visits in the communities were as follows in 1989: four in Great Whale, three in Wemindji, four in Eastmain, two in Waskaganish.

7. The nine new permanent employees who came to work in the communities attended a one-week orientation session.

8. CHRs attended one week of supervised training and, a few days of consultation in order to determine needs.

9. 31 different nurses performed some 56 replacements (with all the usual consequences...).

For 1989-1990 the standardization of the functioning of clinics remains a priority. Here are some coming activities:

- To control the observance of the procedures already implemented.
- To update the already existing material.
- To finalize policies and procedures related to the health services provided in the communities.
- To support the DPS in the finalization of delegated medical acts.
- To participate in the study on the consumption of medicines.
- To continue to train CHRs at the present pace (three weeks/year).
- To find, hire and train new CHRs for the communities where there are none.

STATISTICS ON CONSULTATION

	88-89	87-88	% INCREASED (DECREASED)
Whapmagoostui			
Curative	4543	4246	7.0
Community Health	1705	1618	5.4
Chisasibi			
Curative (Outpatient Clinic)	16808	17826	(5.3)
Community Health	6017	6001	stable
Wemindji			
Curative	4421	5426	(18.5)
Community Health	2138	2585	(17.3)
Eastmain			
Curative	3180	2550	24.7
Community Health	1005	1233	(18.5)
Waskaganish			
Curative	8093	9331	(13.3)
Community Health	2650	2648	stable
Region 10-B			
Curative	60616	62751	(3.4)
Community Health	20772	22612	(8.1)

LOCAL COMMUNITY SERVICE CENTRE'S ACTIVITY REPORT - INLAND

SOCIAL SERVICES

In the autumn of 1988 the establishment of part-time school social services has been discussed with the relevant authorities. The objectives were to ensure the presence of community workers at the school at least once a week in order to discuss cases with student affairs technicians and to meet students in need within counselling-meetings. Prevention and screening services also needed to be upgraded. These projects are continued with the available resources.

A file on family violence is been constituted. We should get a federal subsidy in this regard.

Senior citizens benefited from a daily follow-up. Several projects were undertaken. In Mistissini, for instance, five (5) elders were taken in charge by a foster family providing special services.

Before leaving the CBHSSJB last March, the previous Social Coordinator prepared and distributed an information document on the functioning and the use of social services within the LCSC-SSC sharing of responsibilities framework.

N.N.A.D.A.P. (Alcohol and drug abuse prevention program)

The National Native Alcohol and Drug Abuse Program (NNADAP) is funded by the Ministry of Health and Welfare Canada and has completed another year of activities in the Inland communities of Waswanipi, Nemaska, Mistissini and Oujé-Bougoumou. NNADAP favors a primary prevention approach. Therefore, most of the activities and services offered are at the community development level. We have been working, through this year, closely with the Band Councils, Health committees, recreation and sports associations, schools, the media, churches and other entities in the Inland communities. Trying to get more support from these entities have been one of our major goals through the implementation of projects. As we look back, we can say that we are getting more support now compared to previous years. But while wanting to prevent substance abuse situations and developing a better quality of life and offering alternative activities, we need to create a greater cooperation among all entities.

In the Inland communities we have continued to promote public awareness about substance abuse. However, being a primary prevention program, we have extended involvement with a more global approach. Meaning that through our interventions we try to develop a better quality of life. Therefore, we also work on aspects such as: personal growth, life skills, relationships, communications skills... this approach still needs to be clarified even more, but we feel that it has a certain impact on individuals and on the communities. It is through the training sessions (3 or 4 during the year) that NNADAP prevention workers were able to develop their professional skills and oriented their interventions with a better understanding of substance abuse situations.

Through this year, we were able to observe a certain increase of individuals requesting to participate in a treatment program. Our program does not offer formal counselling services. From time to time we did however get involved to support these individuals. But in order to offer proper services in this field of interventions, the CBHSSJB, with the Native consulting Institute and the Ministry of Health and Welfare are conducting research in order for the Crees of James Bay to have their own addiction treatment program and facilities. The nine Cree communities (including the Oujé-Bougoumou) have met to recommend and define the implementation of this treatment program. The goal is to have a Cree Treatment Centre in the James Bay Region. According to the progress of the feasibility study which is underway and the consultations with all the communities, this goal should become a reality in the near future.

HEALTH SERVICES

At the beginning of the financial year, we organized a major intervention according to a strategy devised in cooperation with the Module du Nord Québécois Module following the occurrence of new tuberculosis cases. The situation is now under control.

The Health Coordinator spent most of her time coping with the high turnover of the nursing personnel. The hiring of a recruitment officer based in Montreal relieved the Health Coordinator from the daily follow-up of recruitment matters.

A training session was organized for CHRs.

Two physicians, one full-time and one part-time, joined the one already working in Mistissini for several years. We are still trying to hire a permanent physician for Waswanipi. We must continuously take into account the problematic housing situation while recruiting.

Efforts continue to encourage beneficiaries to take charge of their own health. The next year will be the occasion of new developments in this regard.

STATISTICS ON CONSULTATION

	88-89	87-88	% INCREASED (DECREASED)
Nemaska			
Curative	3458	3490	stable
Community Health	1342	1433	(6.4)
Waswanipi			
Curative	6367	5079	25.3
Community Health	1792	1918	(6.6)
Mistissini			
Curative	13746	14173	(3.0)
Community Health	4123	5176	(30.4)
Region 10-B			
Curative	60616	62751	(3.4)
Community Health	20772	22612	(8.1)

ADMINISTRATIVE SERVICES

Major events occurred during the year.

The housing problem is definitely solved, in the short and mid-term, in Waswanipi since the Band Council finally provided a five-apartment block. But the situation is still worsening in Mistissini where immediate needs are obvious. We are presently waiting for an answer.

In January 1989 Chibougamau Patients' Services opened in order to assist the beneficiaries coming for services and the health professionals referring them to the hospital.

The contract respecting the provision of ambulance services with the Waswanipi Development Corporation has been renewed. In Mistissini a company made of local ambulance technicians is about to be founded to take over ambulance services in this community.

A radio-communication system was installed in June in the Inland clinics and on vehicles used for the transportation of patients.

Adjustments were made to the distribution of personnel in all departments. All job descriptions were totally revised; each employee received (or will receive) a copy of his/her own job description.

Books of procedures, personnel integration and orientation forms, plus personnel evaluation sheets were finalized and are currently used at the Inland LCSC.

CHIBOUGAMAU PATIENTS' SERVICES

From January 30th to March 31st 1989

	C -(1) A	TOTAL NUMBER (2)	CREE CENTRE (3)	HOSPIT. (4)	NEW BORNS	TRANSPORT (5)
MISTISSINI	C	77	7	70	3	203
	A	127	32	95	--	367
WASWANIPI	C	18	1	17	1	33
	A	78	9	69	--	101
OTHERS	C	27	25	2	--	2
	A	--	--	-	--	8
TOTAL	C	122	33	89	4	238
	A	205	41	164	--	476
GRAND TOTAL		327	74	253	4	714

(1) C = Children A = Adults

(2) Total number = Cree Indian Centre + Hospital.

(3) Lodging days spent by patients.

(4) Hospitalization days.

(5) Number of beneficiaries transported by LCSC's vehicles.

PLANNING, PROGRAMMING, RESEARCH, COMMUNICATION AND GENERAL SECRETARIAT SERVICES

PLANNING, PROGRAMMING, RESEARCH, COMMUNICATION AND GENERAL SECRETARIAT SERVICES

INTRODUCTION

The year 1988-1989 was very productive for our services. Indeed, many files have been finalized and new ones are actually in a developmental phase. As planned, many activities regarding planning and programming services are recurrent because their goals are still important for the well-being of our population. We have improved our knowledge of the population's needs by making very useful research in specific areas. Communication Service is in a phase of building information tools more adapted for our region. General Secretariat Service made updated documents for the Board of Directors and managed the on-going process regarding the standardization of the CBHSSJB's policies and procedures manuals. Finally, an important activity was done for the future of our services: the triennial programming for 1989-1992.

HIGHLIGHT OF 1988-1989

PLANNING SERVICE

Several files were submitted to this Service when it came to develop or to evaluate specific activities at the CBHSSJB. They pertained as much to the functioning of the organization as to the identification of our clientele's needs. The most important files either brought to an end or still active are the following:

- With the collaboration of Administrative Services and Regional Hospital Centre, production of a comprehensive document regarding the reorganization of CBHSSJB's Auxiliary Services.

- The functional plan for the future service point at Whapmagoostui has been approved by the Board of Directors and sent to the Quebec Ministry of Health and Social Services for final approval.

- The functional plan for the future service point for Oujé-Bougoumou community is in the stage to be approved by the population.

- Production of master plan on computerizarion of Administrative Services, Medical Archives and Pharmacy. Also, a master plan on the same matter for both LCSCs has been approved by the Inetnal Management Committee.

- The policy on youth from 0 to 18 years old has been approved by the Board of Directors. Also, the master plan on senior citizens has been approved by the Board, visits where made to Waswanipi and Mistissini were visited for discussion on specific development regarding this master plan.

- Production of the functional plan on the future non-resident employees' residence to be located in Mistissini.

- Production of a standardized form on beneficiary identification for both LCSCs. The same activity has been replicated for Val d'Or Patient Services.

- Production of the triennial programming of our services for 1989-1992.

PROGRAMMING SERVICE

During the year 1988-1989, the Programming Service continued to develop new activities and programmes for the CBHSSJB. At the same time, statutory community health programmes such as "Bush Kit" Programme and Mercury Programme were more involved in increasing the population participation.

- Implementation of a "Table on Community Health Programming and Research" with the Module du Nord Québécois (DSC-MGH) with Cree representatives (3 meetings a year).

- Training sessions with employees working in community health programmes: nurses and CHR.

- Training sessions for hunters and trappers regarding the Bush Kit programme (8 bush kit intructors and 98 hunters and trappers).

- For the Mother and Child programme, some protocols were reviewed and training on these was given to the nurses.

- For the School Health programme, the English version of the document on sexually transmitted diseases and contraception was elaborated with the collaboration of Cree School Board employees, parents committees and with the Module du Nord Québécois. A manual on STD prevention, diagnosis and treatment has been written and introduced to doctors and nurses.

- Tuberculosis screening and vaccination programmes were still in application.

- Audio-visual and educational material on STD and AIDS adapted to our population has been produced.

- Training sessions for nurses and CHRs on the Mercury programme were provided.

- The collection of hair samples has been done in the summer of 88. The survey was more focused on target-groups (over 40 years old, women of child bearing age and newborns at birth). Also, a seasonal study was held in December 88 and January 89 in Whapmagoostui and Waswanipi. It will help us to have a better idea on the stability of methylmercury concentration in the same individuals over the course of four seasons.

- A manual on the methylmercury surveillance programme has been prepared for educational purpose. Also, a fish consumption guide, a pamphlet and a poster about mercury were prepared and distributed for the same purpose.

- As it is now, the Mercury programme is part of the orientation period in Chisasibi for all new nurses.

- The Laboratoire de santé publique du Québec acquired equipment which will permit the lab to do the mercury analyses more rapidly.

- In August 1988 there was a workshop of orientation on mercury and health held in Val d'Or. This workshop which was attended by mercury experts from all over the world was an important step in fine tuning the mercury programme and defining new research avenues.

- Analysis of data collected from 1982 to 1987 and those collected by the federal government in 1970s was done. The report will be ready during the 1989 year.

- Conferences on mercury were given at Université du Québec à Montréal and Université Laval.

- The James Bay Mercury Committee delegated the representative from the CBHSSJB to attend a conference in Urbino, Italy on metal toxicity.

COMMUNICATION SERVICE

In 1988-1989, Communication Service was involved in many projects.

- Writing and co-editing of the orientation book for health professionals has been carried over from the previous year. It will be ready by summer of '89.

- The recruitment video for health professionals was presented to the collaborators and to the CBHSSJB Board of Directors.

- Consultative and collaborative work was done with other services for the provision of information to the population. Collaboration was also given to such endeavours as the recruitment of nurses.

- Talks began with the Cree Regional Network about air time for health communication.

- Research was conducted to determine the communication needs of the services which deal directly with the population. The list of requests has been prioritized and plans have been made for the first series of communication projects.

RESEARCH SERVICE

In 1988-1989, two studies were conducted concerning the Cree Board's mandate. The first one consisted in home care services. We have now a good picture of our clientele on that matter and also what kind of services we provided. These data with the recommendations will help us to produce a master programme on homecare and then to give better services to our population.

The other one dealt with our population's mental health. Again, on this matter, we have now a socio-sanitary profile of our clientele facing these health conditions and situation. The report will be very useful for us in developing new programmes and services for the CBHSSJB concerning mental health.

One of the main preoccupation concerning the medical services provided by the CBHSSJB is medication consumption by our clientele. It seems that year after year, the costs related to medication are growing faster compared to our population growth. In that sense, the Research Service made a reseach project that will be done in 1989-1990.

Finally, after writing a document on our actual costs regarding community health research in a northern context, the Ministry increased our budget by 25 000$ (25%). With these new monies, it will be more easier to do research in our region.

GENERAL SECRETARIAT SERVICE

1988-1989 was a more regular year concerning specific files for this Service. Updating CBHSSJB's policies and procedures manuals was an on-going process. We are still working on a document management system. We keep the CBH informed on any new regulation that may affect the provision of health and social services.

However, the most important file managed by the Service was the approval of By-Law No. 8 by the Board of Directors. For now on, the CBHSSJB is on par with the regulation found in the Act respecting health services and social services (S-5).

TRAINING

Some training for our personnel has been useful in 88-89. The coordinator of community health programmes attended an introductory course in computers. In the same way, the executive secretary received an upgraded course regarding the management of information with computer. Finally, our information officer attended a seminar in newsletter design and a computer course on wordprocessing and databasing.

PRIORITIES IN 1989-1990

Our priorities in 1989-1990 are in continuity with our triennial programming. Mainly, they are the following:

- Master Plan on youth from 0 to 18 years old.
- Policy and Master Plan on mental health.
- Policy and Master Programme on homecare services.
- Information programmes and folders on services offered to the population.
- Study on medication.

- Finalization of the computerization of the Documentation Centre.

- Master Plans on computerization for the Regional Hospital Centre, Social Services Centre and Planning, Programming and Research Services.

- Master Plan on handicapped clientèle.

- Production of a video on prevention and control of obesity and diabetes. Revision of the book "A new baby in the family". Production of a booklet on contraception and prevention of STD and AIDS.

- Implementation of the Sexuality programme in secondary schools of the territory.

- Production of a audio-visual tape on mercury contamination adapted to Cree population's needs.

- Provision of information to the client population.

ADMINISTRATIVE SERVICES' ACTIVITY REPORT

HUMAN RESOURCES DEPARTMENT

The department experienced many changes during the last year. The director was replaced and, at the end of the year, long-term leaves incited us to move some employees from one position to another and to hire new personnel. A new stability should be found with time.

Training

1. The only employee of this section was fully committed to the realization of two major programmes and to the devising and implementation of a policy.

2. John Abbott CEGEP, with the cooperation of Training section, established a special 3-year programme for the training of native nurses in which twelve students participate. Regular contacts with the CEGEP ensure a constant follow-up.

3. Together with the School Board, the Training section also devised the Career Awareness Program which is intended to inform students of the job opportinities within our organization. Employees of the CBHSSJB, including the General Manager, participated.

4. The Internal Management Committee adopted our training policy. Accordingly, the various committees were established and we are presently setting priorities among the numerous suggested projects.

5. The major training problem remains the lack of funds.

Staffing

1. The persistent high turnover rate and the difficulty of hiring non-resident personnel continues to drain away our time, energy and money.

2. Recruitment of nursing staff for our remote clinics has been specially difficult and LCSCs had to resort to private agencies at some occasions. But the situation improved these last months and we had been able to recruit our own personnel.

3. For about a year now we have a recruiting officer in Montreal who faciliated and accelerated the hiring of nursing employees.

4. Besides its continuous coordination of the staffing process for the whole CBHSSJB, our department took part in the preparation of selection committees and files. It also prepared the selection instruments pertaining to the hiring of senior managers.

Remuneration

Besides the usual management of salaries and fringe benefits, the department had to make adjustments following a change of insurance company and modifications to some plans.

Employees-management relations

1. Only few grievances were filed and some were settled out of court.

2. A major grievance dating back to 1983 was lost in arbitration. A motion in evocation to dismiss the arbitration award was also rejected. The CBSSJB lodged an appeal and is still confident to settle the matter out of court.

3. Several local agreements, either collective or individual, were concluded.

Housing

1. The department continued to implement the relevant policy including the provisions respecting the reservation of transit apartments. The policy on the allocation of apartments was greatly improved. Guidelines on the use of community rooms were approved.

2. Storage has also been the subject of a new policy. At this occasion the interpretation of some provisions of Appendix H was revised.

Orientation

The relevant policy is presently under revision in order to adapt it to our resources.

AUXILIARY SERVICES

Following the presentation of the positional paper by the Assistant General Manager - Administrative Services, various departments of the service were restructured and their existing mandates modified in some cases. The reorganization of the Cree Health Board in 1987 left the service without a solid structure and very general purpose within the CLSC type of structure. It was the objective of the services' management to undertake, following the recognition of then the General Manager for the need, to develop the plan of the services.

The general plan was tabled early in the fall, proposing additional positions within the direction of the service in order that it better facilitate the execution of its numerous responsibilities and duties. The initial response was very positive and steps are to be taken to further justify and eventually to implement the plan.

In conjunction of the newly acquired space for the Cree Patient Services of Val d'Or, it was seen necessary to develop the service to a realistic functional unit. Within the review, two separate functions of the service were identified; one to mainly administer the procedures and policies of the service-the other being the actual patient services where all efforts are made to maintain a high level of services to the beneficiaries. The "fruits of this labour" are now being realized; both the management and beneficiaries have given very positive support of this improvement.

At the time of this report, efforts are underway to develop the Reservation services of Chisasibi to the same degree of efficiency and development. The aim is that this very important unit of the system will be developed early in the fiscal year.

The exercise of developing the service is anticipated to be near completion by end of the present fiscal year. However, as in any other service, the process will have to be reviewed periodically so as to address the change in the needs of the beneficiaries.

CREE PATIENT SERVICES - VAL D'OR

The Cree Patient Services were very pleased to move in January 1989 into their new offices, a spacious and colorful locale of 2,700 square feet, located in a new building in the back of the St-Sauveur Hospital, on the second floor. An elevator has been installed for the patients' convenience.

Since the adoption of a document entitled Val d'Or Patient Services - Objectives and Activities, the organizational chart and job descriptions has permitted us to increase the size of our staff.

The Cree Patient Services Val d'Or now has a staff of twelve (12) persons with an efficiency of the highest level ever experienced since these last years. At all times they demonstrate a thorough and experience knowledge of both the medical and office skills and procedures. The staff maintain a steady and constant flow of high-quality work.

The 1988-89 budget of the Val d'Or Patient Services has allowed the purchase of a more adequate telephone system, this system allows for a larger and more efficient call handling, and secondly, the purchase of a new photocopier which was much needed. Finally, the Val d'Or Patient Services now has a word processor as part of their new office equipment.

In comparison with 1987-88 statistics, we notice a slight decrease in the number of patients sent to Val d'Or in 1988-89.

STATISTICS

	198/-88	1988-89
CHILD	598 *	600
ADULT	1 925 *	1 288
TOTAL	2 513 *	1 888
ESCORT	748	809
NEWBORN	99	118
TRANSPORT	10 140	10 381

For the future, planning will put an emphasis on providing a place for the beneficiaries with ample and suitable space, training courses for the employees and the expansion of the computerization capabilities.

* NOTE (FOR 87-88, ESCORT IS INCLUDED IN TOTAL # OF PATIENTS)

FINANCE DEPARTMENT

This past year was one in which significant budget structure changes came into effect in terms of cost centers being redefined and in the most part, being under the financial responsibility of new directors.

The finance department, in its supporting capacity was required to be more actively involved than ever as a crucial data producing resource to management as a whole. This was by itself, a strenuous exercise as both clients and finance department staff had underwent numerous changes. Coupled to overall budget increases (8.1% over last year), additional grants and other complementary activities, the volume of transactions and interventions by the department have in consequence significantly increased.

Early 1988-89 was marked by the hiring a new assistant director of finance and a temporary senior accounting clerk. Two positions in number are relatively significant (18% turnover) but as key positions, required most of the year to become fully functional.

Such is that short term objectives set in the triennial programming could not be attained in the course of the year and leave behind somewhat of a disappointment. Nonetheless, it is expected that for the coming year, initiatives will be set forth to further the level of support by the finance department in matters which are of primary concern to its client; that is accurate, significant and prompt information relative to the financial operation of the organization.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
REVENUES AND EXPENSES
FOR THE YEAR ENDING ON MARCH 31, 1989

REVENUES	1988-1989	1987-1988
Grant from M.S.S.H.Q.	$16 460 911	$14 402 433
Patients contribution	43 881	40 997
Activity Centres recoveries	140 625	53 358
Other revenues	780 294	1 047 755
TOTAL	$17 425 711	$15 544 543
EXPENSES		
Salaries	$ 7 621 164	$ 6 745 794
Fringes benefits	2 092 309	1 903 532
Other expenses	8 981 981	7 528 397
TOTAL	$18 695 454	$16 177 723
SURPLUS (DEFICIT)	($ 1 269 743)	$ (633 180)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
BALANCE SHEET
AS AT MARCH 31, 1989

ASSETS	1988-1989	1987-1988
CURRENT ASSETS		
Cash	$ 108 790	$ 871 763
Deposits	---	---
Accounts Receivable		
- M.H.S.S.	652 927	582 952
- Other	325 381	200 040
Prepaid expenses and inventory	443 506	501 904
TOTAL	$1 530 612	$2 156 659
LIABILITIES		
Account Payable and accrued liabilities	$2 809 315	$2 082 434
Due to other funds	0	42 507
Other	9 000	27 656
TOTAL	$2 818 315	$2 152 597
BALANCE OF FUND (DEFICIT)	($1 287 703)	$ 4 062
	$1 530 612	$2 156 659

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

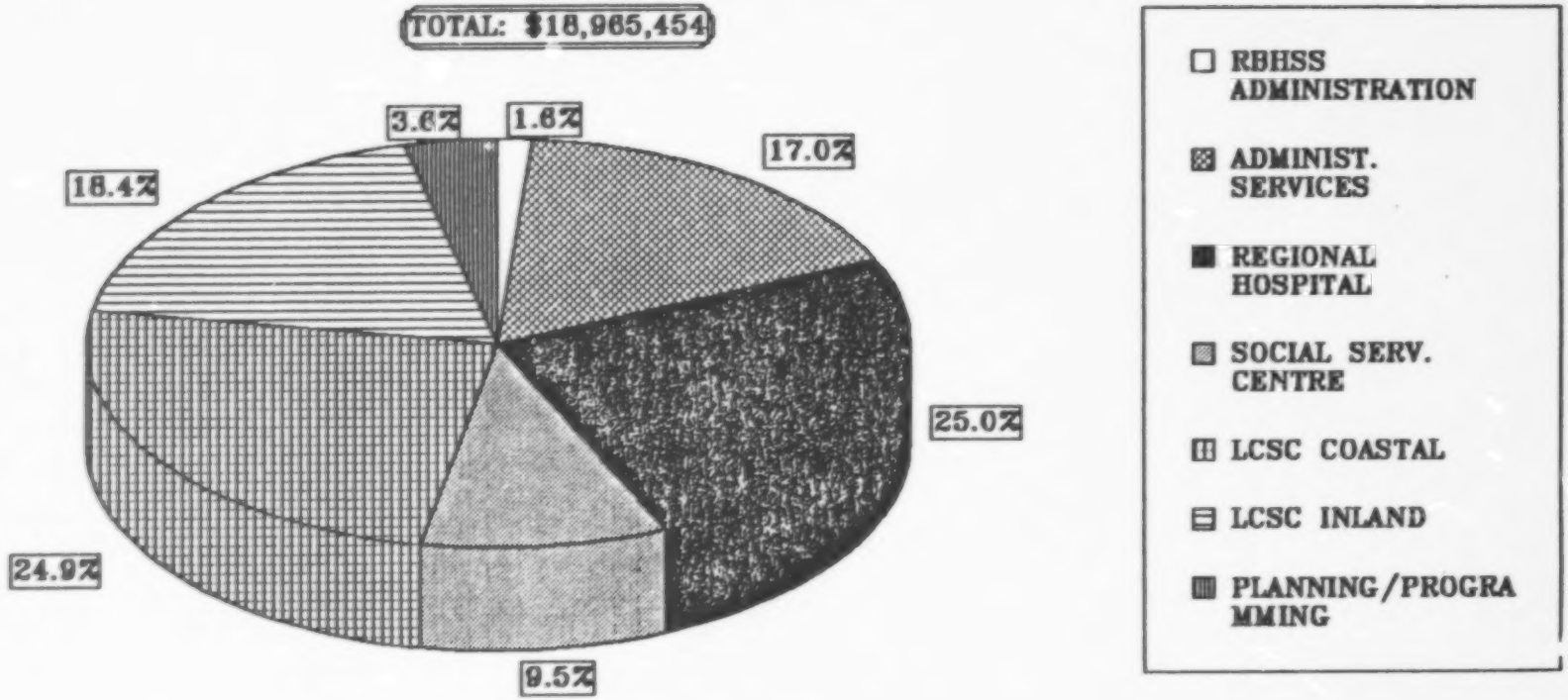
CAPITAL FUND
BALANCE SHEET
AS AT MARCH 31, 1989

ASSETS	1988-1989	1987-1988
CURRENT ASSETS		
Accounts receivable	$ 79 190	$ 377 190
Total of current assets	$ 79 190	$ 377 190
LONG TERM ASSETS		
Buildings, leasehold improvement	$1 959 551	$ 660 888
Equipment, Vehicles	$2 511 973	$2 182 465
Deposit on assets	$ 942 096	$ 942 096
Total on long term assets	$5 441 620	$3 785 449
TOTAL	$5 490 810	$4 162 639
LIABILITIES		
Accounts Payable	$ 20 573	$ 20 573
Due to Other Funds	269 768	238 259
TOTAL	$ 290 341	$ 258 832
Debentures	$1 500 000	$ 0
TOTAL	$1 790 341	$ 258 832
BALANCE OF FUND	$3 700 469	$3 903 807
TOTAL	$5 490 810	$4 162 639

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1988-1989

BY DIRECTION

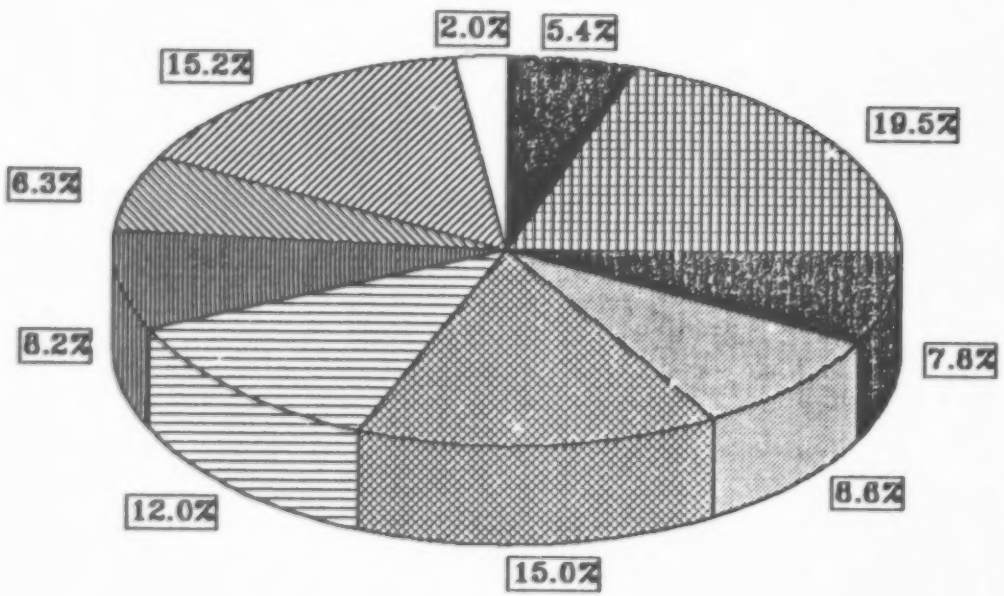


CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1988-1989

REGIONAL HOSPITAL CENTRE

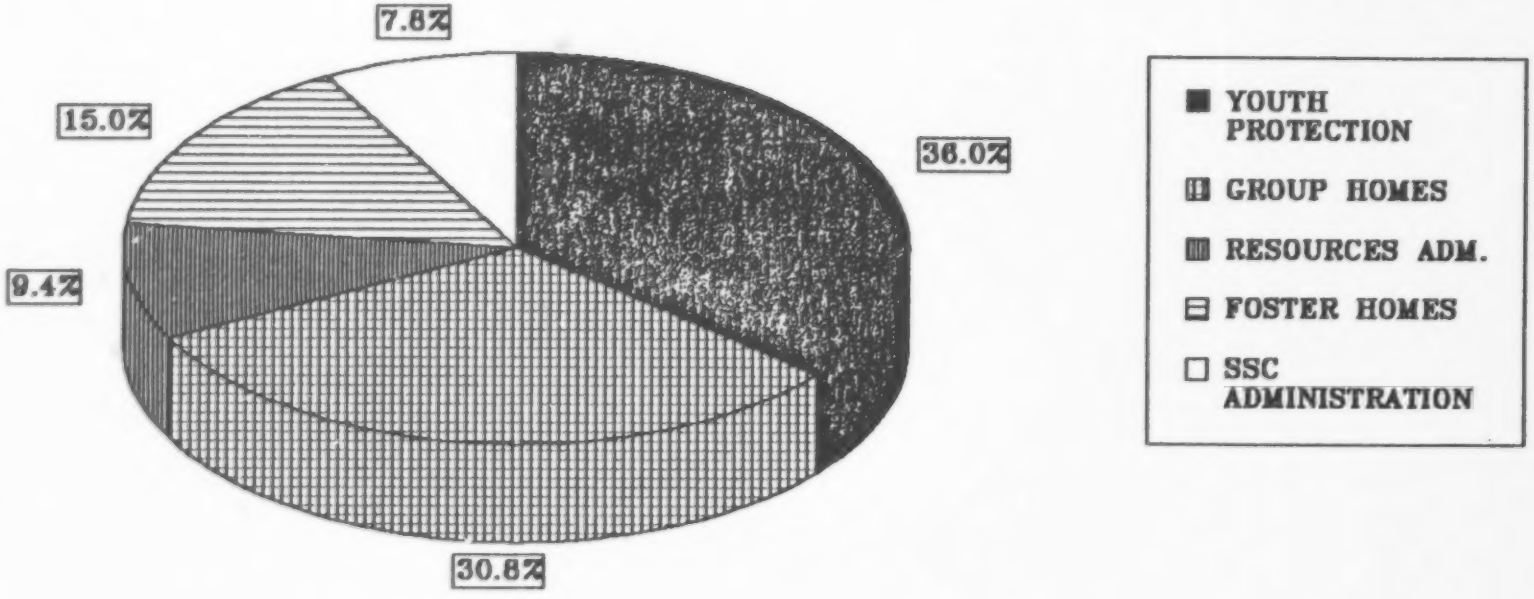
TOTAL: $4,597,000

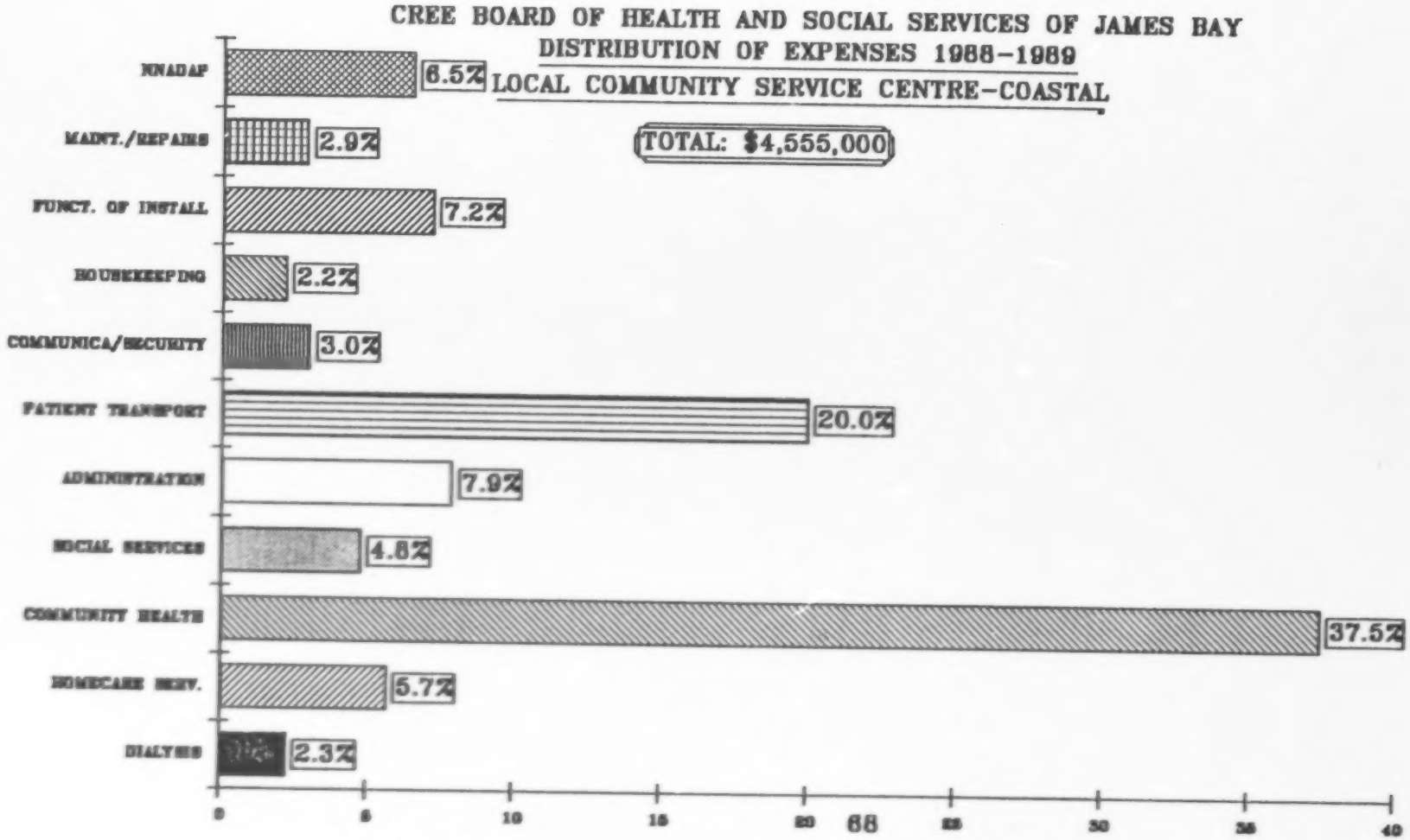


- NURSING ADM.
- MEDICINE DPT.
- OUTPATIENT CLINIC
- DENTAL HEALTH
- LABO AND RADIO DPT.
- HOSP/PROF SERV ADM.
- KITCHEN SERV.
- LAUNDRY/HOUSE KEEPING
- PATIENT TRANSPORT
- MEDICAL RECORDS

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
DISTRIBUTION OF EXPENSES 1988-1989
SOCIAL SERVICES CENTRE

TOTAL: $1,748,000



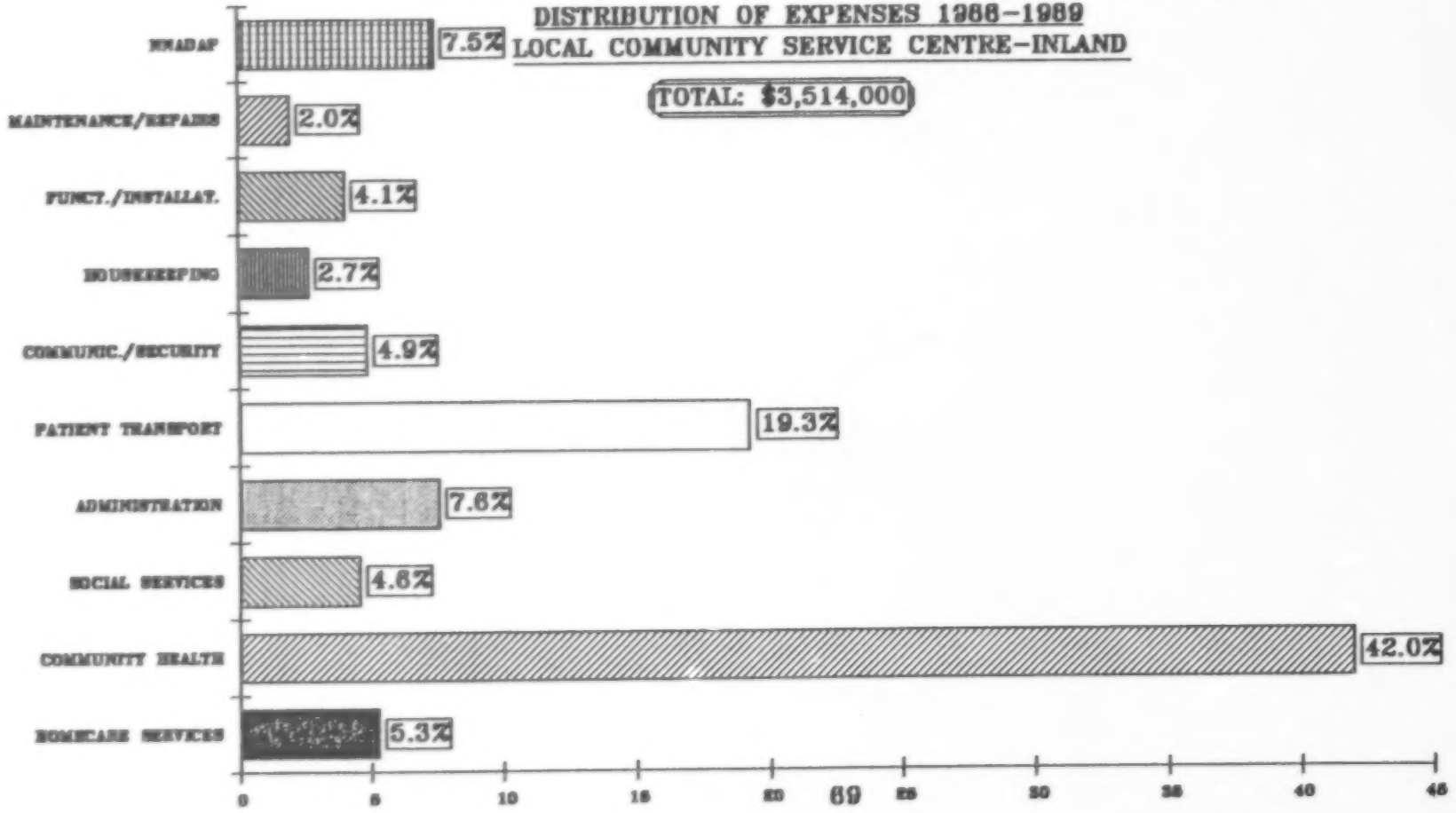

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
DISTRIBUTION OF EXPENSES 1988-1989
LOCAL COMMUNITY SERVICE CENTRE-COASTAL
TOTAL: $4,555,000
NNADAP
6.5%
MAINT./REPAIRS
2.9%
FUNCT. OF INSTALL
7.2%
HOUSEKEEPING
2.2%
COMMUNICA/SECURITY
3.0%
PATIENT TRANSPORT
20.0%
ADMINISTRATION
7.9%
SOCIAL SERVICES
4.6%
COMMUNITY HEALTH
37.5%
HOMECARE SERV.
5.7%
DIALYSIS
2.3%
0
5
10
15
20
25
30
35
40

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1988-1989

LOCAL COMMUNITY SERVICE CENTRE-INLAND

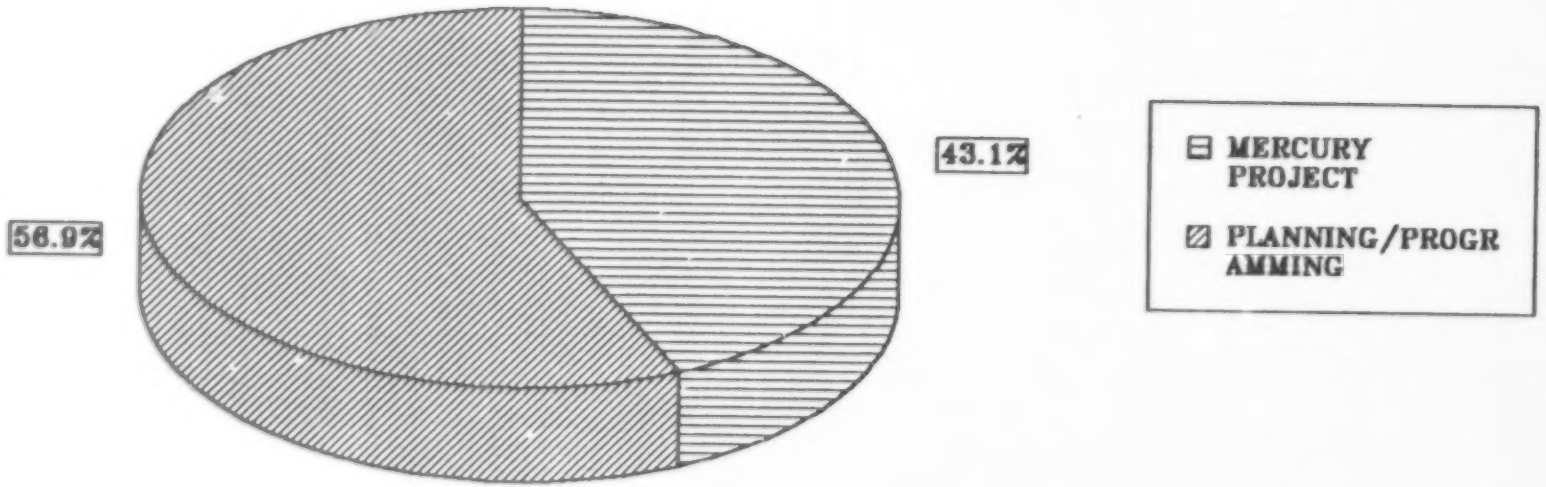
TOTAL: $3,514,000



CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1988-1989
PLANNING, PROGRAMMING, RESEARCH SERVICES

TOTAL: $656,000

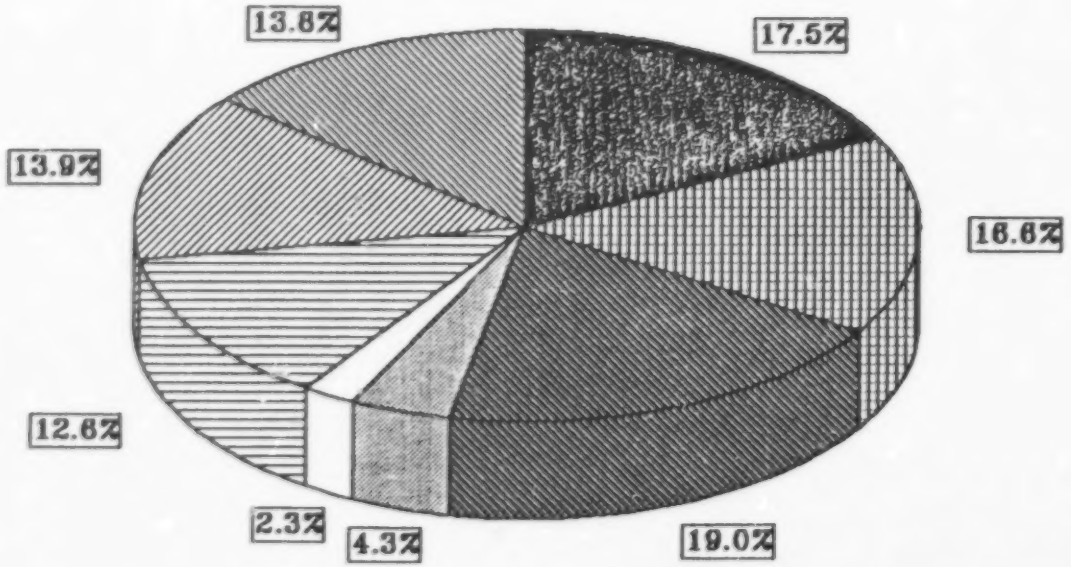


CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1988-1989

ADMINISTRATIVE SERVICES

TOTAL: $3,965,000



The eight (8) communities served by the Cree Board of Health and Social Services of James Bay are:

Les huit (8) communautés desservies par le Conseil Cri de la santé et des services sociaux de la Baie James sont:

Mistassini
Waswanipi
Great Whale
Chisasibi
Eastmain
Wemindji
Waskaganish
Nemaska